DOG CHANGE OF THE COMMENT										,		
T	CLAIMS AS FILED - PART (Column 2)								ENTITY		OTHE	R THAN
TOTAL CLAIMS			T (CORLE	(a) ()	(00)	(t) (1)	N	TYPE		_ OFF	SMALL	ENTITY
1]							RATE	FEE]	RATE	FEE
FOR			NUMBE	NUMBER FILED		HUMBER EXTRA		BASIC FI	₽ 370.0	OR OR	BASIC FE	F 740.00
	OTAL CHARGE	5-1	5- minus 20=		/		X\$ 9=		OR	X\$18=.		
11-	INDEPENDENT CLAIMS			2 minus 3 =				X42=		OR	X84=	
Ľ	IULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT				+140 <i>±</i>	1	- ```	+280=	
* if the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	╃	JOR		
ł	CLAIMS AS AMENDED - PART II								<u> </u>	JOR	•	<u> </u>
	(Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER	THÂN ENTITY
I	114 11 114	CLAIMS REMAINING		(43)	EST]_[ADDI	7		I. ADDI.
AMENDMENTA		AFTER AMENIMENT		PREVIO	JUSLY	PRESENT EXTRA	ŀ	RATE	TIONAL		RATE	TIONAL
Ş	Total:	<u>. 8 .</u>	Minus	• 2	70			X\$.8=		OR	X\$18∓	
PEE	Independent	<u> La</u>	Minus	<u> </u>	<u> </u>			X42=		OR	×86 =	
L	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM				 	100		
	4. 1	•		•			L	+140=.	<u> </u>	OR	+280=	
	114/05							TOTAL DDIL FEE		OR,	TOTAL UDDIT, FEE	
لے	(Column 1) (Column 2) (Column 3)											
18	Jelston.	REMAINING AFTER		NUME	ER	PRESENT	П	RATE	ADDI- TIONAL	ŀſ		ADDI-
ğ.	and the same	AMENDMENT		PREVIO		EXTRA		MIE.	FEE	1 1	RATE	TIONAL FEE
AMENDMENT	Total	· 8	Minus	-2()	. —	·	X\$ 9=		OR	X\$18=	
¥.	Independent	1 2	Minus	3	3 484		ſ	X42=		OR	X84=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
•							L	TOTAL		L	TOTAL	
				• .			A	OIT. FEE		OR A	DOM, FEE	
-	E.	(Column 1)	. 2000 mg	(Colum		(Column 3)	·			٠		<u> </u>
C		REMAINING		NUMB	ER .	PRESENT			ADDI-	ſ		ADDI-
9		AFTER AMENDMENT		PREVIOU PAID F		EXTRA		RATE	TIONAL		RATE	TIONAL FEE
ENDMEN	Total	• 4	Minus	- 20		.0	Γ	X\$ 9=		OR	X\$18=-	
¥	Independent	•	Minus	<u> </u>		.0	·	X42=	-	OR .	X84= ·	
	FIRST PRESE	-			·							
of the entry in column 1 is loss than the city in column 2, write "0" in column 3.											+280=	
If the Tighest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. TOTAL ADDIT, FEE ORTHOGONEY PAID For IN THIS SPACE is less than 20, enter 20. ADDIT, FEE ORTHOGONEY PAID FOR IN THIS SPACE is less than 3, enter 3.											·	
T	he Teghost Nuni	bor Previously Paid	For (Told or	indopendent	O is the h	o, anur 3. Ighest number	Iound	In the app	rapriate box			
		· .	<u> </u>			•				•		.]